



ACCOUNT OWNER SURVIVOR AUTHORIZATION

- An Account Owner may designate one person to succeed (him/her) as the Account Owner in the event of death. If none is designated, the Student Beneficiary will become the Account Owner.
- This form supersedes ALL other previously submitted forms to the GET program and will be treated as the most current information.
- Complete all sections of this form and include signature or processing will be delayed.

Current Account Information

GET Account Number _____

Account Owner _____

Name _____

SSN or TIN _____

Student Beneficiary _____

Name _____

SSN or TIN _____

Account Owner Survivor Information

Name (*First, middle, last, suffix*) _____

SSN or TIN _____

Birth Date _____

Street Address / Apartment Number _____

Post Office Box Number _____

City / State / Zip Code _____

Email Address _____

Telephone Number (s) _____

Home _____ Work _____

Signature - REQUIRED

Only the Account Owner may authorize changes to the existing account.

In the event of my death, I desire to transfer all of my account's Guaranteed Education Tuition Master Agreement rights and responsibilities to the Account Owner Survivor designated above.

Account Owner's Signature _____

Date _____

Submit to: Guaranteed Education Tuition, PO Box 43450, Olympia, WA 98504-3450 or by Fax at 360-704-6200

Questions: 1-800-955-2318 or GETInfo@hecb.wa.gov